FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to	2. Federal Gran	it or Other Identifyin	g Number Assigned	OMB Approval Page of Pages		
Which Report is Submitted	by Federal Agency			No.0348-0039	-8-	1
Denali Commission	#262-07				ĺ	1
3. Recipient Organization (Name and Complete ac	Idress, including	ZIP Code)		<u> </u>	1	<u> </u>
Metlakatla Indian Community						
P.O. Box 8						
Metlakatla, AK 99926						
4. Employer Identification Number	5. Recipient Account Number or Identifying Number			6. Final Report		7. Basis
92-00114579				^ Yes 💢	No	^CashXAccural
8. Finding/Grant Period (See Instructions)	To: (Month, D	ay, Year)	9. Period Covered by		To: (N	fonth, Day, Year)
From: (Month, Day, Year)		·- ·	From: (Month, Day, 1			
11/1/2006	12	/31/2007	1/1/2	007		3/31/2007
				II.		
10. Transactions:			Previously	This		Ш.
			Reported	Period	· · · · · · · · · · · · · · · · · · ·	Cumulative
a.Total Outlays			s -	s	_	s .
				-	*	3 -
b.Recipient share of outlays				s	-	s .
c.Federal share of outlays			\$ -	\$	-	S -
al Takat india. Catata and a ladin with a ca						
d.Total unliquidated obligations				<u> </u>		<u> </u>
e. Recipient share of unliquidated obligations						s -
art same and a stringstance periodical						*
f. Federal share of unliquidated obligations						s -
q. Total Federal share (Sum of lines c and f)					•	<u>s</u> -
So The said Providence Providence State of the State of t					: ::	A 500 000 00
h. Total Federal Funds authorized for this funding period					· · · · · · · · · · · · · · · · · · ·	\$ 500,000.00
I. Unobligated balance of Federal Funds (Line h minus line g)						\$ 500,000.00
a. Type of Rate (place						1 \$ 300,000.00
11. Indirect b. Rate		c Base		d. Total Amount		e. Federal Share
Expenses	7.74					
46 B						
12. Remarks:						
13. Certification: I certify to the best of my know				nat all outlays and	l unliqui	dated
obligations are for the purpose set forth in the award documents. 14. Typed or Printed Name and Title				Telephone (Area Code, Number & Ext.)		
				response (mea vous, municer & EXI.)		
Victor Wellington Sr., Mayor				(907) 886-4441		
Signature of Authorized Certifying Official				Date Report Submitted		
into a week so						
un (Will	<u> </u>	<u> </u>		LED		5/1/200
Previous Editions not Unusable			Standard Form 2	Retaritie 4-88)	······································	anno an

Prescribed by OMB Circulars A 12 ag 10

